# Community Grant Application Form – $5,000 - $30,000

### Information about the Youth grant fund

Trusting young people and their communities to come up with their own solutions for their own wellbeing is important to us. We want to partner with those at the heart of youth and community-led innovation, and showcase what works for them.

These examples of community-led excellence will help to play an important part in influencing change nationwide and, most importantly, for generations of youth to come.

### What we are looking to fund

Te Hiringa Hauora | Health Promotion Agency, now Health Promotion, National Public Health Service within Te Whatu Ora – Health New Zealand (Te Whatu Ora) is looking for projects that address positive health outcomes for young people. We are particularly interested in projects that are:

1. Are strengths based
2. Co-designed with young people
3. Focus on wellbeing
4. Lead from Te Ao Māori or Pasifika world views
5. Initiatives that lift young people’s levels of belonging, connectedness and sense of identity.
6. Relate to one of our key kaupapa areas that align with Youth Wellbeing Strategy:
	* Health promotion
	* Youth leadership and entrepreneuship
	* Youth mental wellbeing
	* Youth development and engagement
	* Youth transition entering/leaving school

### Process

Please complete this form to tell us about what you need funding for and how it aligns with the objectives of our grant fund. There are some people we are not able to fund. Please check out [this](https://www.hpa.org.nz/2021-22-youth-grants) website for preconditions.

If you’ve got questions or want to discuss things further, please reach out. We want to make it as easy as possible for you to apply. We’ll even help you fill out forms, so get in touch.
Please contact Hayley Horne at grants@hpa.org.nz, or phone 021 228 9954.

Please send your completed application form to us by email to: grants@hpa.org.nz. You need to send this to us no later than 17 February 2023.

Refer to <https://www.hpa.org.nz/2021-22-youth-grants> for more information about the fund, including how we will assess your application.

# Application for funding

#### Please tell us about your organisation.

|  |  |
| --- | --- |
| Name:  | [Type here] |
| Physical address:  | [Type here] |
| Postal address (if different):  | [Type here] |
| Website:  | [Type here] |
| New Zealand Business Number (NZBN): | [Type here. Visit [www.nzbn.govt.nz](http://www.nzbn.govt.nz) for more information on NZ business numbers ] |

#### Please tell us who we can contact about this application.

|  |  |
| --- | --- |
| Name:  | [Type here] |
| Email address:  | [Type here] |
| Phone number:  | [Type here] |
| Who should we contact about the day-to-day running of the project? (if different from above) | [Type here] |

#### Please tell us about your project.

|  |  |
| --- | --- |
| Project name:  | [Type here] |
| This fund is about Youth Wellbeing. Describe what you will do, including the activities your project will involve.Describe how your project is aligned our priorities: * strengths-based
* co-designed with young people
* focuses on wellbeing
* leads from a te Ao Māori or Pasifika world view
* provides more than service delivery, ie, youth for youth support,
* and/or lifts young people’s levels of belonging, connectedness and sense of identity

Describe how your project relates to one of our key kaupapa areas of: * health promotion
* youth leadership and entrepreneurship
* youth mental wellbeing
* youth development and engagement
* and/or youth transition entering/leaving school.
 | [Type here] |
| Where and when (or over what period) will it take place?  | [Type here] |
| What are the key risks with your activities and how will you manage them?  | [Type here] |

#### How will you know your project has been successful?

|  |  |
| --- | --- |
| What changes are you likely to see in young people and their community if your project works? |  |
| When and how will you measure these changes? |  |

#### How much funding do you need in total for your project? (This might include funding coming from others):

$

#### Please tell us about the total funding you need from Te Whatu Ora. Add more lines as needed.

|  |  |  |
| --- | --- | --- |
| **Description of item** | **Cost calculation (eg, unit price x number of units)**  | **Funding sought from Te Whatu Ora (excluding GST)** |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| **TOTAL funding sought from Te Whatu Ora**  | **$** |

|  |  |
| --- | --- |
| Do you have other financial support or sponsorship for this project?  | [ ]  **No** [ ]  **Yes** **If yes,** please complete the table below, otherwise continue to next section. |

|  |  |  |
| --- | --- | --- |
| **Others contributing to the project** | **Amount funded**  | **Is this other contribution confirmed? Yes / No**  |
| [Enter the details here] | [Enter the amount here] |  |
| [Enter the details here] | [Enter the amount here] |  |
| [Enter the details here] | [Enter the amount here] |  |
| **TOTAL of other funding**  | **$** |

## Declaration and authorisation

|  |  |  |
| --- | --- | --- |
| Funding expectations  | I/we have read and fully understand the purpose of the Fund and the objectives for making the funding available. I/we confirm that the Applicant/s has the necessary capacity and capability to deliver the initiative described in this Application and achieve the expected benefits. | [ ] Agree[ ] Disagree |
| Conflict of Interest declaration: | The Applicant/s warrants that it has no actual, potential or perceived interest that is in conflict with submitting this Application or delivering the initiative described in it. Where a Conflict of Interest arises during the funding application process the Applicant/s will report it immediately to the Grant’s Contact Person. | [if you think you may have a conflict of interest briefly describe the conflict and how you propose to manage it or write ‘not applicable’]. |
| Accuracy  | I/we declare that in submitting the Application and this declaration the information provided is true, accurate and complete and not misleading in any material respect. | [ ] Agree[ ] Disagree |
| Signing | Signature: |  |
| Full name: |  |
| Title / position: |  |
| Name of organisation: |  |
| Date: |  |